POSITION	INITI	.ON C!	DATE
FEE DETERMINATION O.I.P.E. CLASSIFIER	T ()	72	105/3(-01
FORMALITY REVIEW RESPONSE FORMALITY REVIEW	W · H	625	10-20-01

INDEX OF CLAIMS

	Deinstad	N	NON-elected
~	Rejected		Interference
•	Allowed	Ι.,	Interference
=	Allowed	Α.	Appeal
	(Through numeral) Canceled	Α	
_	(Through humeran) cancers	0	Objected
	Restricted	υ	***************************************

÷	Restricted					
Claim Date C	laim Date	Claim Date				
- min5000 02 05	In the line of the	Original Original				
= = B M 19 2	in i	Origit				
E E E E E E E E E E E E E E E E E E E		101				
190 / 2	\$100 N	102				
26 100	# 3	103				
41.7.10	\$4 \$\dots \dots	105				
5 1 1	55 70 N	106	1			
(D) N	57	107				
	58	108				
	59	109				
10	60	111				
	61 62	112				
12	63	113				
	64	114	†			
	65	115				
16 1	66	117				
	67	118	0.3			
18	68	119				
10	70	120	_			
20	71	121	-			
	72	122	-			
22	73	123				
24	74	124				
	75	126				
26 7	76	127				
3	77 78	128	. 1			
*	79	129				
	80	130				
 	81	131				
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	82	132	9 1			
	83	134				
	84	135				
34 11 1	85 86	136				
36	87	137	 - 			
	88	138				
\-\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	89	139				
- 	90	140				
4	91	142				
421111	92	1 149 1 1 1 1 1				
43	93	144	\bot			
 	94	145	H 24			
44 45 46 47	96	146	$+$ ~ 0			
1911111111111	97	147				
21-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	98	148	ale			
	99	149	I AD			
2 5 5 20	100		AIL			
2 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			•			
7' (- 0)	If more than 150 claims or 10 act	ions				
If more than 150 claims or 10 actions staple additional sheet here (LEFT INSIDE)						
WEST INCIDES						
<i></i> ∕∕	(LEFT INSIDE)	-				
		<u>.</u> .				